

Perinatal Period – Conditions Originating in the Perinatal Period
Summary of Methods and Data for Estimate of Costs of Illness

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| 1. Estimated Total Economic Cost | Not available |
| Estimated Direct Cost | Not available |
| Estimated Indirect Cost | Not Available |
| Reference Year | Not Available |
| IC Providing the Estimate | |
| | |
| Direct Costs Include: Other related nonhealth costs | Not Available |
| Indirect Costs Include: | |
| Mortality costs | Not Available |
| Morbidity costs: Lost workdays of the patient | Not Available |
| Morbidity costs: Reduced productivity of the patient | Not Available |
| Lost earnings of unpaid care givers | Not Available |
| Other related health costs | Not Available |
| Interest Rate Used to Discount Out-Year Costs | Not Available |
| 2. Category code(s) from the International Classification of Diseases, 9th Revision, Clinical Modification,(ICD-9-CM) for all diseases whose costs are included in this estimate: <u>Not Available</u> . | |
| 3. Estimate Includes Costs: | |
| Of related conditions beyond primary, strictly coded ICD-9-CM category | Not Available |
| Attributable to the subject disease as a secondary diagnosis | Not Available |
| Of conditions for which the subject disease is an underlying cause | Not Available |
| 4. Population Base for Cost Estimate (Total U.S. pop or other) | Not Available |
| 5. Annual (prevalence model) or Lifetime (incidence model) Cost: | Not Available |
| 6. Perspective of Cost Estimate (Total society, Federal budget, or Other) | Not Available |
| 7. Approach to Estimation of Indirect Costs | Not Available |
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| 8. <u>Source of Cost Estimate</u> : | Not Available. |
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| 9. <u>Other Indicators of Burden of Disease</u> : | In 1994, conditions originating in the perinatal period represented the 15th leading cause of all deaths at a rate of 127.2 per 100,000 U.S. population. (CDC, MVSR, Oct 23, 1995, Vol. 43(13):7. |

10. Commentary:

Present estimates of direct costs associated with perinatal diseases and conditions are severely underestimated. Often, they only include the initial hospital costs and use the lower estimate of mean costs for a neonatal intensive care unit stay, plus a nominal estimate for physician payments. Given that about 30-40 percent of all of these infants are at risk for rehospitalization, these direct cost figures consistently underestimate the true direct cost.

It is also particularly difficult to estimate indirect costs for perinatal diseases and conditions. One reason is that the human capital approach often used in developing indirect cost estimates assigns little or no economic value to the life of a neonate -- let alone to a stillbirth, miscarriage,

or an aborted fetus (all categories contain in this classification. In addition, because of their diversity and lack of adequate data, it is often difficult to estimate the economic impact of long-term sequelae associated with the many conditions in this category. For instance, some of the diseases and conditions included in the perinatal classification, range from those affecting the mother, such as maternal deaths to maternal infections and injury, to those affecting the fetus and newborn, including fetal alcohol syndrome, neonatal drug addiction, major pulmonary conditions (i.e., respiratory distress syndrome), hematological disorder (i.e., intraventricular hemorrhage), infectious conditions (i.e., neonatal herpes), endocrine disturbances, and birth trauma (i.e., various nerve, cranial, and eye injuries, etc.). Some of these conditions can lead to simple or profound physical, cognitive, or mental disabilities. These, in turn, can influence average life spans, overall productivity, as well as the need for long-term, and potentially expensive, medical and non-medical services, which may not be measured in the direct costs portion of many estimates. In addition, many of the costs associated with these chronic physical, cognitive, or mental disabilities would overlap with the other estimates for mental disorders, drug abuse, etc.